

2022 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE**1) What kind of laboratory is this facility? (select one)**

- Hospital laboratory Other (specify) _____
- Commercial laboratory (Quest, etc.) Unknown

2) Does this facility ever receive blood cultures from nursing homes or other long term care facilities?

- Yes No Unknown

3) Does the clinical microbiology laboratory at your institution have a separate Mycology section or laboratory?

- Yes No Unknown

4) What kind of blood culture system does your laboratory use? (check all that apply)

- BacT/Alert Bactec FX
- BacT/Alert 3D Isolator tubes
- VersaTREK Other (specify) _____
- Bactec 9240

5) What is the approximate volume of any type of fungal cultures performed annually in your laboratory?

Specify number: _____ Unknown

6) What is the approximate volume of fungal cultures from blood performed annually in your laboratory?

Specify number: _____ Unknown

YEAST IDENTIFICATION**7) Does this laboratory offer yeast identification either onsite or sent to another laboratory?**

- Yes
- No (----- **If No, SKIP TO QUESTION 15** -----)
- Unknown (is there another laboratory staff member who can assist with the questionnaire?)

8) Where is yeast identification done? (check the most applicable)

- On-site, in the laboratory
- Sent to commercial lab
- Sent to affiliated hospital lab
- Sent to other local/regional, non-affiliated reference or public health laboratory
- Other _____
- Unknown

Answer the following questions for the lab selected in question 8.**9) How does this lab identify yeast? (check all that apply)**

- MALDI-TOF Bruker (Biotyper) BD Phoenix
- MALDI-TOF bioMerieux (VITEK MS) MicroScan
- VITEK 2 RapID Plus
- API 20C Other (specify) _____
- DNA sequencing Unknown
- PNA-FISH
- BactiCard Candida

10) Does this laboratory routinely use Chromagar for the identification or differentiation of *Candida* isolates?

- Yes No Unknown

11) Species-level identification is performed for *Candida* spp. isolated from which of the following?**a. Blood isolates**

- Yes, reflexively Yes, with clinician order No Unknown

b. Other normally sterile body site isolates

- Yes, reflexively Yes, with clinician order No Unknown

c. Abdominal isolates

Yes, reflexively Yes, with clinician order No Unknown

d. Respiratory isolates

Yes, reflexively Yes, with clinician order No Unknown

e. Urine isolates

Yes, reflexively Yes, with clinician order No Unknown

f. Other (specify) _____

Yes, reflexively Yes, with clinician order No Unknown

12) How does this laboratory meet proficiency testing requirements for yeast identification?

Commercial provider (specify) _____

Internal alternate assessments (specify) _____

13) Does this laboratory employ culture-independent diagnostic tests (CIDT) to identify *Candida* from blood specimens?

Yes (got to q14) No (got to q17) Unknown

14) Does this laboratory employ the T2Candida Panel to identify *Candida* from blood specimens?

Yes (got to 12a) No (go to 13) Unknown

a. If Yes, when did this lab first start using T2Candida Panel? Date (mm/dd/yyyy): ____/____/____

b. If Yes, does this lab culture blood if you get a positive result on T2Candida Panel?

Yes, reflexively No
 Yes, with a clinical order Unknown

15) Does this laboratory employ the BioFire (FilmArray) to identify *Candida* from blood culture?

Yes (go to 15a) No (go to 16) Unknown

a. If Yes, when did this lab first start using BioFire? Date (mm/dd/yyyy): ____/____/____

b. If Yes, does this lab reflexively culture blood if you get a positive result on BioFire?

Yes, reflexively No
 Yes, with a clinical order Unknown

16) Does this laboratory employ any other CIDTs to identify *Candida* from blood specimens?

Yes (specify) _____ No Unknown

17) If No for Question 13, does this laboratory have plans to employ culture-independent diagnostics for *Candida* identification in the near future (e.g. T2Candida Panel, BioFire)?

Yes (specify) _____ Unknown
 No Not applicable

ANTIFUNGAL SUSCEPTIBILITY TESTING**18) Does this laboratory offer any antifungal susceptibility testing for *Candida* either onsite or sent to another laboratory?**

Yes
 No (----- If No, QUESTIONNAIRE COMPLETE -----)
 Unknown (is there another laboratory staff member who can assist with the questionnaire?)

19) Where is antifungal susceptibility testing (AFST) done? (check the most applicable)

- On-site, in the laboratory
 Sent to commercial lab
 Sent to affiliated hospital lab
 Sent to other local/regional, non-affiliated reference or public health laboratory
 Other _____
 Unknown

Answer the following questions for the lab selected in question 16.

20) Is antifungal susceptibility testing available for any of the following antifungal drugs (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Fluconazole | <input type="checkbox"/> Caspofungin |
| <input type="checkbox"/> Voriconazole | <input type="checkbox"/> Amphotericin B |
| <input type="checkbox"/> Itraconazole | <input type="checkbox"/> Flucytosine |
| <input type="checkbox"/> Posaconazole | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Micafungin | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Anidulafungin | |

21) What methods are used for AFST? (check all that apply)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Non-commercial broth microdilution | <input type="checkbox"/> Vitek |
| <input type="checkbox"/> YeastOne | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> E test | <input type="checkbox"/> Unknown |

a. If you use Vitek for AFST, what *Candida* species do you test with it? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> <i>C. albicans</i> | <input type="checkbox"/> <i>C. parapsilosis</i> |
| <input type="checkbox"/> <i>C. glabrata</i> | <input type="checkbox"/> Other <i>Candida</i> spp. |

22) How does this laboratory meet proficiency testing requirements for antifungal susceptibility testing, if performed?

- Commercial provider (specify) _____
 Internal alternate assessments (specify) _____

23) How are results of AFST reported? (select one)

- | | |
|---|--|
| <input type="checkbox"/> Categorical interpretation only (susceptible, resistant, etc.) | <input type="checkbox"/> Both--categorical interpretation PLUS MIC |
| <input type="checkbox"/> MIC only | <input type="checkbox"/> Unknown |

a. If categorical interpretation only, how do you determine the categorical interpretation? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> CLSI M27 S4 | <input type="checkbox"/> Apply epidemiologic breakpoints |
| <input type="checkbox"/> CLSI M27 S3 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> From manufacturer of MIC test | |

24) For what type of *Candida* isolates is antifungal susceptibility testing (AFST) performed automatically/reflexively? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Blood isolates | <input type="checkbox"/> No AFST performed automatically (requires order from a clinician) |
| <input type="checkbox"/> Other normally sterile body site isolates | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other (specify) _____ | |

25) How is AFST performed for the following *Candida* spp.?

a. *C. albicans*

- Performed automatically/reflexively (Go to 21ai)
 Performed with a clinician's order (Go to 21ai)
 Not performed

i. Drugs for which AFST is performed on *C. albicans* (check all that apply):

